

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586336

FILING DATE

APPLICANT(S)

Act. 3X

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/		/		/	51						
2		/		/		/	52						
3		2		/		/	53						
4		3		/		/	54						
5		1		/		/	55						
6		1		/		/	56						
7		1		/		/	57						
8		1		/		/	58						
9		1		/		/	59						
10		1		/		/	60						
11		1		/		/	61						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		/		/								
TOTAL DEP.	/		/		/								
TOTAL CLAIMS	12				11								